Statement of Organization - Candidate Committee

Amendment	200
☐ Yes	No No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

THE RESERVE OF THE PARTY OF THE	accompanied by forms CRO-3	100 and CR	O-3300 (when am	enumg, omy	re-subinit ii applicable).
1. Committee Inf	ormation				c. ID Number
				Bilmo Saco II di Indello	
David Caldwell fo	r Soil & Water Conservation S	upervisor			MDUU93
b. Mailing Address (i	nclude City, State and Zip Code)				d. Date Organized
					6/29/2012
7837 Adeline Lan	e, Sherrills Ford, NC 28673				e. Phone Number
					828-244-4116
	1.	ing the state of t	dust teather to rest the second	Candidate	e's Primary Committee
2. Candidate Info	ormation		e. Candidate ID Num		f. Party Affiliation
a. Full Name			C. Candidate ID Ivan		II I II I
David Hoyle Cald	well		MDUU93		
•					(Indicate Non-partican if applicable)
b. Mailing Address (i	nclude City, State, and Zip Code)		g. Office Sought		
7837 Adeline Lan	e, Sherrills Ford, NC 28673		Soil & Water Conservation Supervisor		
c . Phone Number	d. Email Address		h. Next Election Year	r i.,	Jurisdiction
828-244-4116				_	
□Email copy	of notices			C	ounty
3. Treasurer Info		THE PROPERTY OF THE PARTY OF TH	4. Custodian of l	Books Inform	nation
a. Full Name			a. Full Name		
- 1920 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 193					
David H. Caldwel	I				
b. Mailing Address (i	nclude City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)		
7027 Adolina Lan	e, Sherrills Ford, NC 28673				
7837 Adellie Lali	e, sherrins rord, NC 20075				
c. Phone Number	d. Email Address		c. Phone Number d. Email Address		
828-244-4116					
I prefer to recei	ve notices by email Ye	es 🗆 No	☐ Email copy	of notices	
5. Assistant Trea	surer Information	Add	6. Account Infor	mation (ii	ncl. CRO-3500) Add
a. Full Name		Remove	a, Financial Instituti	on Full Name	Remove
N/A			N/A		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
N/A		Campaign			
c. Phone Number	d. Email Address		c. Account Code	d. Type	ASA SALES SALES
			10) 1000 1000 1000 1000 1000		
			N/A	N/A	
☐ Email copy					
CERTIFICATIO					
	Committee or Fund is in comp				
	the NC General Statutes and that this report is complete, true			ш рголюцеа	of other non-disclosed funds.
1 further certify	mat uns report is complete, true			, 00	
DAVID	HOYLE CALDWELL	Javid	thouse (also	reasurer	6-29-1Z Date
1			· · · · · · · · · · · · · · · · · · ·		



State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting

FILED BY:

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

Candidate Name: David Hoyle Caldwell Treasurer Name: David Hoyle Caldwell Treasurer Address: 7837 Adeline Lane (include city, state, & zip) Sherrills Ford, NC 28673

Treasurer Phone: 828-244-4116

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

06/29/2012

Date Signed

David Hoyle Colonell
Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



State Board of Elections 441 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting

FILED BY:

Committee Name:

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

Treasurer Name:	David	Caldwell		
Treasurer Address:	7837	Adeline Lane		<u></u>
(include city, state, & zip)	Sherrill	is Ford, NC 28	8673	
Treasurer Phone:	(828) 2c	44-4116		
I certify that the information the above named Committee money market or savings acc	. These accoun	nt numbers include all bank	accounts utilized, credit ca	ard accounts,
The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived. The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.				
	al Institution	Address	Account Number	Account Code
			1.339	
By signing this statement, I	authorize agen	nts of the State Board of Elec	ctions to inspect all account	
Date Signed			Signature of Candidate of Freas	
For Candidate Committe	es Only			
In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.				
By signing this statement, I authorize agents of the State Board of Elections to inspect applicable accounts.				
6-29-2012		Jarel		<u> </u>
Date Signed CRO-3500	Certification	n of Financial Account Infor	Signature of Candidate or Treas mation	June 2012



State Board of Elections

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Certification of Threshold

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$1,000 in the current election cycle.

FILED BY:			
Committee Name:	David Caldwell for Soil & Water Conservation Supervisor		
Treasurer Name:	David Hoyle Caldwell		
Treasurer Address:	7837 Adeline Lane		
(include city, state, & zip)	Sherrills Ford, NC 28673		
Treasurer Phone:	828-244-4116		
election cycle under the pro- until the end of the election expenditures during this ele- of elections and file required THIS DECLARATION CAI	NONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. ertification to remain under the \$1,000 threshold. I will now be required to file all contributions and expenditures that have not been previously reported from election cycle. I further agree to file all future reports required.		
06/29/2012	Devil Horse Caldwell Signature		
Date Signed	Signature		



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Personal Representative Designation of Committee Funds

This form is used by candidate committees only and allows the personal representative of the estate of a deceased candidate who did not file a written designation prior to death to file such written designation within ninety days of death. The representative is limited in the designation as outlined in 163-278.16B (a) (3).

Candidate Name:	_David Hoyle Caldwell		
Committee Name:	David Hoyle Caldwell for Soil & Water Conservation Supervisor		
Personal Representati	ve of the Estate: <u>Taren Caldwell</u>		
Committee ID #:	MDUU93		
Level Registered: [State [County] if county, specify: Catawba			
I, David Hoyle Caldv	vell, hereby request that all funds remaining in the above		

(Name of Representative) referenced Campaign Committee accounts(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B (a) (3).

	Name of Entity	Plan for Disbursement (eg. Amount or %)
	(Select from §163-278.16B (a) (3)	
1.	Mt. Ruhama Baptist Church	100%
2.		

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B (a) (3). I understand that the candidate or the candidate's spouse, children, parents, brothers or sisters are not employed by the organization. A copy of this form should be maintained with the committee records.

Signature of Representative: David Horyle Coldwell Date: 6/29/2012

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.